

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Marco Rubio for President**

**A. Full Name (Last, First, Middle Initial)**

**MR. FERNANDO SALVADO**

Mailing Address 184 PALM AVENUE

City

MIAMI BEACH

State

FL

Zip Code

33139-5180

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FERNANDO SALVADO P.A.

Occupation

M.D.

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.771778**

Date of Receipt

M M / D D / Y Y Y Y  
06 / 29 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

**B. Full Name (Last, First, Middle Initial)**

**MR. JORGE R. SALVA**

Mailing Address 125 70TH STREET #36

City

GUTTENBERG

State

NJ

Zip Code

07093

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FIECHTER & SALVA LLP

Occupation

ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.767714**

Date of Receipt

M M / D D / Y Y Y Y  
06 / 23 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

**C. Full Name (Last, First, Middle Initial)**

**IRWIN SAMELMAN**

Mailing Address 89 PRINCEVILLE LANE

City

LAS VEGAS

State

NV

Zip Code

89113-1369

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.782945**

Date of Receipt

M M / D D / Y Y Y Y  
04 / 14 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

**Subtotal Of Receipts This Page (optional)**.....

2250.00

**Total This Period (last page this line number only)**.....